



## EDWARD LEONARD

### FRANKLIN COUNTY TREASURER

373 S High Street, 17<sup>th</sup> Floor Columbus OH 43215 (614) 462-3438

[Ed\\_Leonard@franklincountyohio.gov](mailto:Ed_Leonard@franklincountyohio.gov)

[www.franklincountyohio.gov/treasurer/](http://www.franklincountyohio.gov/treasurer/)



### Employment Application (2006)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin, or other protected classification. NOTICE – When submitted to a Public Agency, this will become a Public Record. You or anyone else may review it at any time.

(PLEASE TYPE OR PRINT LEGIBLY)

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

NAME:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS:

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

What type of Employment are you seeking? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Has Franklin County ever employed you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give dates of employment, position(s) held, and state your name while employed if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education:

	Name & Address	Course Work	Degree
High School			
College (Undergraduate)			
College (Graduate)			
Other			

## WORK HISTORY:

List most recent employer first. May we contact your present employer?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

Most Recent Employer	Address	
Telephone No.	Start Date	Starting Position
Date Left	Final/Current Salary	Final/Current Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

Previous Employer	Address	
Telephone No.	Start Date	Starting Position
Date Left	Final/Current Salary	Final/Current Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

Previous Employer	Address	
Telephone No.	Start Date	Starting Position
Date Left	Final/Current Salary	Final/Current Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

## Miscellaneous:

Are you a registered voter in Franklin County? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did a particular person refer you to this office? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Do you have any relatives working for city, county, or state government? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state name and place of employment: \_\_\_\_\_

Are there any hours you cannot or will not work? \_\_\_\_\_

Do you have a physical or medical condition, which would limit your ability to perform usual office tasks, such as lifting boxes, using computer display terminals, cashier equipment, or sitting or standing for extended periods of time? (This list is not inclusive of requirements.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

If there is any other task you are unable or limited to perform, please state \_\_\_\_\_

Are you taking any medications, which could impair your ability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Our usual office attendance policy is 40 hours per week for full-time employment. Can you meet this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, how soon could you begin work? \_\_\_\_\_

If a position were offered to you, would you submit to and pass a drug test administered by a professional?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date & type of job for which you are applying will be considered.

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_

References will be checked, as well as public records for criminal activity. Do you have any objections?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References:

List three- (3) professional or character references that this office has permission to contact for a **Professional Recommendation**. Please do **not** list any relatives or duplicate supervisors whom you may have listed elsewhere on this application.

NAME	PHONE NUMBER	PROFESSIONAL or PERSONAL REFERENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby attest that the above information is true and accurate to the best of my knowledge. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Submit To:

Franklin County Treasurers Office  
373 S. High St. 17<sup>th</sup> Floor  
Columbus, OH 43215-6306